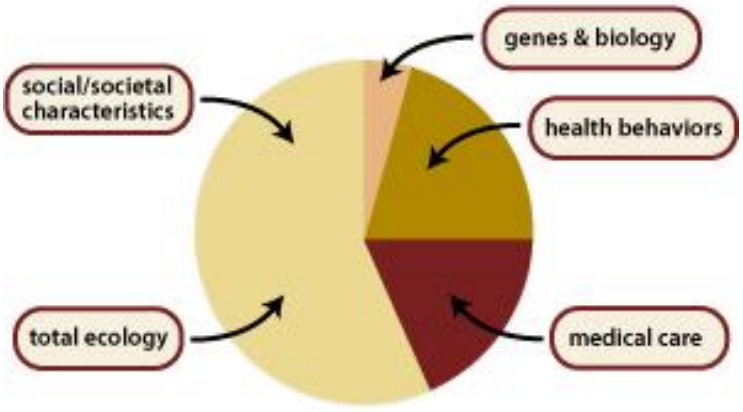
Integrating Social Determinants of Health Into Iowa Healthcare Systems

Federally Qualified Health Centers have been addressing Social Determinants of Health since their inception, as providing supportive services has been an integral part of the FQHC model. Primary Health Care in Des Moines, IA, recognized the need to quantify the impact of enhanced services on health outcomes. This infographic illustrates the impact of SDH on health, describes the success that we have had in our high risk populations, and presents gaps that must be addressed in order to positively impact a great number of Iowans

Key Findings

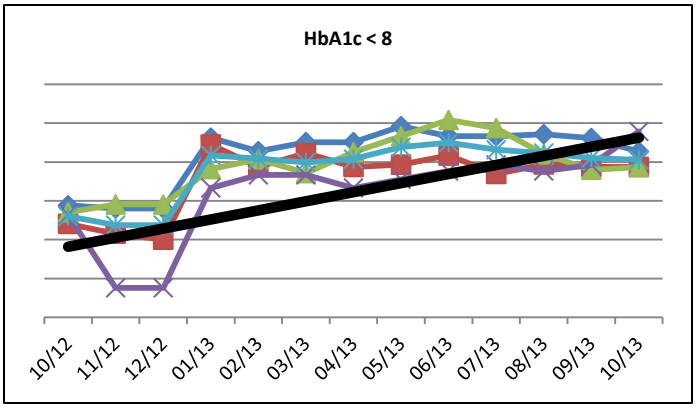


Examples of Social Determinants of Health

- Income level
- Housing
- Access to healthy resources
- Job opportunities
- Access to healthcare
- Transportation
- Exposure to violence and crime
- Social support
- Language/literacy
- Culture
- Access to technology
- Public safety

Only 10% of health is determined by traditional medical services, and the majority of health is determined by the environment (20%) and health behaviors (50%). Many times these health behaviors are in response to environmental influence and learned behaviors over time. These determinants of health can amplify each other, and socioeconomic inequities exacerbate disparities in health. This Is why any transformation in healthcare must consider SDH, and systems that learn to identify and address SDH will have the most success in improving healthcare while decreasing cost of care.

Current Success in Health Improvements for Traditional Medicaid Recipients Due to Self-Management Skills and Addressing SDH



Newly Eligible Medicaid Population Face Significant SDH Barriers

Access Barriers	Mental Health Barriers	Social Barriers	Other SDH
78% - Affordability of Care	5% Substance Abuse	23% - Lack adequate housing	39% - LEP
67% - Regular medical appointments	12% Mental Health Issues	24% - No reliable transportation	11% - Cultural barriers
		18% - Incarcerated	20% - Other barriers

Our care management program sees high risk Medicaid patients, and provides them with appropriate counseling and care coordination. These patients have seen sustained improvement in their health outcomes. This improvement comes as a result of motivational interviewing and acquisition of self-management goals, but more importantly via identification and amelioration of social determinants of health. These SDH were previously barriers to adequate health, and even to access of healthcare services. The table on the right show initial health risk assessment data from those who will enroll in Iowa's Health and Wellness plan. These data indicate the urgency of incorporating infrastructure and support for addressing social determinants of health into our transformed healthcare systems.

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